

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:19

DOCUMENT # 729107 (3)

1. Corporation Name
SAND CLIFFS OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
ROUTE 6 BOX 606 PANAMA CITY FL 32407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1974
3a. Date of Last Report 07/11/1994
4. FEI Number 59-1546818
Applied For Not Applicable

2. Principal Place of Business 2b. Mailing Address
21 9064 E. CTY. HWY. 30-A 26 9064 E. CTY. HWY. 30-A
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 Panama City Beach, FL 28 Panama City Beach, FL
24 32413 25 Walton 29 32413 30 Walton

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under D. 199.099, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MICKLE, LINDA
COUNTY HWY 30-A
RT. 6 BOX 606 HWY 30-A
PANAMA CITY FL 32413
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9064 E. CTY. HWY 30-A
83
84 City Panama City Beach FL 85 Zip Code 32413

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Linda Mickle Linda Mickle DATE 4-30-95
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	President / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBERSON, GENIE	12 NAME	Jim Owens
STREET ADDRESS	3711 VICKSBURG DR.	13 STREET ADDRESS	232 Big Canoe
CITY - ST - ZIP	BIRMINGHAM AL	14 CITY - ST - ZIP	Big Canoe, GA 30143
TITLE	VD	21 TITLE	VICE PRESIDENT / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, JIM	22 NAME	Todd Sharley
STREET ADDRESS	232 BIG CANOE	23 STREET ADDRESS	3233 Salsbury Road
CITY - ST - ZIP	BIG CANOE GA	24 CITY - ST - ZIP	BIRMINGHAM, AL 35212
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMACK, BEE	32 NAME	
STREET ADDRESS	1304 DAWSON ROAD	33 STREET ADDRESS	
CITY - ST - ZIP	ALBANY GA	34 CITY - ST - ZIP	
TITLE	ASD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROACH, BOBBY	42 NAME	
STREET ADDRESS	1808 HILLYWOOD DR.	43 STREET ADDRESS	
CITY - ST - ZIP	MONTGOMERY AL	44 CITY - ST - ZIP	
TITLE	TD	51 TITLE	TREASURER / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, LESLIE	52 NAME	HAROLD DEESE
STREET ADDRESS	2401 CAMSON DR.	53 STREET ADDRESS	4011 Valencia Court
CITY - ST - ZIP	COLUMBUS GA	54 CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413
TITLE	D	61 TITLE	General Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMPKIN, JUNE	62 NAME	LINDA A. MICKLE
STREET ADDRESS	118 OAK AVE.	63 STREET ADDRESS	9064 E. CTY. HWY 30-A
CITY - ST - ZIP	CARROLLTON GA	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jim Owens Jim Owens DATE 4-30-95 (1995) 231-4621
Signature typed or printed name of signing officer or director